N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31116

OCT 17 1935

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

File No. 7911

Registered No. .....

City St Louis (No. City Hosp #1 St. ..... Ward)

17 9575

2. FULL NAME CONSTANTINE SCORDIAS

(a) Residence, No. 3967a Easton St., Ward. 11
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena Scordias

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS ✓	If LESS than 1 day, ... hrs. or ..... min.
Abt	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greece

FATHER

13. NAME George Scordias

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greece

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greece

17. INFORMANT (ADDRESS) Hosp Inf Pt Rent City Hosp #1

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mathews DATE Sept 21 1935

19. UNDERTAKER (ADDRESS) John P. Collins & Bro 928 No. Grand Blvd

20. FILED SEP 20 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/16, 1935, to 9/18, 1935

I last saw him alive on 9/18, 1935 Death is said to have occurred on the date stated above, at 8 40 pm.

The principal cause of death and related causes of importance were as follows:

Hypertensive Heart Disease Nephrosclerosis

Date of onset

Other contributory causes of importance: 131

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible], M. D.

(Address) City Hosp #1